



Public Health Bulletin

Department of Health and Human Services

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Data for December 1998

The mission of the City of Long Beach Department of Health and Human Services is to improve the quality of life of the citizens of Long Beach by addressing the public health and human service needs ensuring that the conditions affecting the public's health afford a healthy environment in which to live, work and play.

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Communicable Disease Summary 1998—Interpreting Trends

The data reported in this communicable disease report are useful for analyzing disease trends and determining relative disease burdens. However, these data must be interpreted in light of reporting practices.

Some diseases that cause severe clinical illness (e.g., AIDS), if diagnosed by a clinician, are most likely reported accurately. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis, viral meningitis) may not even seek medical care from a health-care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of reporting is also influenced by the diagnostic facilities that are available; the control measures that are in effect; the public awareness of a specific disease; and the interests, resources, and priorities of state and local officials responsible for disease control and public health surveillance.

Finally, factors such as changes in the case definitions for public health surveillance, the introduction of new diagnostic tests, or the discovery of new disease entities may cause changes in disease reporting that are independent of the true incidence of disease.

Highlighted below are selected disease trends for the City of Long Beach in 1998:

- Viral meningitis cases almost tripled from 30 cases in 1997 to 87 in 1998; however, there is not a clear-cut explanation for the increase. Viral meningitis is a relatively common but rarely serious syndrome with multiple viral etiologies. It is difficult to detect because symptoms resemble the flu and include fever, headaches, sore throat, diarrhea, nausea and vomiting. Other cases are so mild, many people who have it are asymptomatic. Due to its mild symptoms, there may in fact be vast underreporting of the disease.
- Reported cases of tuberculosis have significantly decreased from 99 cases in 1997 to 57 in 1998. The decrease may have resulted from increased local assistance funding of TB programs which resulted in vigorous investigation of cases and contacts as well as aggressive treatment strategies to control the spread of the disease.
- Sexually transmitted diseases such as AIDS, chlamydia, gonorrhea, and syphilis have not changed significantly compared to previous years. The

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Communicable Disease Report

Selected Reportable Diseases for the City of Long Beach

Disease	Dec. 1998	Dec. 1997	YTD 1998	YTD 1997
AIDS	17	18	199	227
AMEBIASIS	1	1	13	13
CAMPYLOBACTERIOSIS	5	8	67	96
CHLAMYDIAL INFECTIONS	107	116	1,566	1,454
GIARDIASIS	2	9	18	35
GONORRHEA	29	49	533	526
H. INFLUENZAE	0	1	3	7
HEPATITIS A	5	9	69	168
HEPATITIS B, acute	2	0	15	8
HEPATITIS C, acute	0	0	1	0
MEASLES	0	1	0	1
MENINGITIS, viral (aseptic)	3	0	87	30
MENINGOCOCCAL INFECTIONS	0	0	2	7
NON-GONOCOCCAL URETHRITIS (NGU)	13	35	181	245
PERTUSSIS	0	0	3	2
RUBELLA	0	0	0	0
SALMONELLOSIS	2	8	73	102
SHIGELLOSIS	2	4	62	89
SYPHILIS, primary and secondary	1	1	15	22
SYPHILIS, early latent (<1 year)	0	2	15	12
TUBERCULOSIS	5	6	57	99

UNIQUE DISEASES

Every year, Long Beach receives its share of unique diseases; 1998 was no exception. There was an outbreak of Q Fever, one case of Hemolytic Uremic Syndrome (HUS) and one case of Hantavirus Pulmonary Syndrome (HPS).

Q Fever: In May, the Epidemiology Program received a report and subsequent lab verification of a woman who had acquired this unusual disease. Symptoms of Q fever may include chills, headache, weakness, malaise and severe sweats. Often, infections may be inapparent or present as a "nonspecific fever of unknown origin". The common mode of transmission is via airborne dissemination of the antigen. After further investigation of the infected woman's place of work, there was an additional four cases out of 84 who tested positive for the disease. Subsequent control measures were performed to ameliorate the problem.

Hemolytic Uremic Syndrome (HUS): One case of HUS was

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Communicable Disease Summary 1998 – Interpreting Trends *(continued from page 1)*

slight increase in the reported number of chlamydia cases may be due to increased use of urine based screening tests which are less invasive than previous methods. Additional information on AIDS trends is available in the semi-annual HIV/AIDS Monitoring Report. To be added to the mailing list, please call (562) 570-4298.

- Reported cases of Hepatitis A have decreased by more than 50% from 1997 to 1998. In 1996, the Advisory committee on Immunization Practices issued recommendations for the prevention of hepatitis A through active or passive immunization. Increased immunity through the use of the FDA-approved

vaccine HAVRIX may have contributed to the decrease.

- Foodborne disease such as campylobacteriosis and salmonellosis did not show a significant change from previous years.

For information on national and state disease trends, visit the CDC web site at www.cdc.gov. For additional information on Long Beach trends, contact the City of Long Beach Department of Health and Human Services Epidemiology Program at (562) 570-4302.

Health Department Phone Numbers

General Information
(562) 570-4000
www.ci.long-beach.ca.us/health

Alcohol/Drug Rehabilitation
(562) 570-4100

Animal Control Shelter
(562) 570-7387

Early Intervention Program/
HIV Testing/STD Clinic
(562) 570-4315

Environmental Health
(562) 570-4132

Immunizations/Walk-In Clinic
(562) 570-4222

Prenatal Clinic
(562) 570-4217

Senior Center
(562) 570-3531

Tobacco Education Program
(562) 570-8508

WIC Program
(562) 570-4242

The Public Health Bulletin is published as a public health service to interested City of Long Beach residents by the Department of Health and Human Services
2525 Grand Avenue
Long Beach, CA 90815
(562) 570-4000
www.ci.long-beach.ca.us/health

To be added or removed from the mailing list, please contact Meredith Delaney at (562) 570-4298 or email medelan@ci.long-beach.ca.us.

This information is available in an alternative format.

Data contained in this publication are considered provisional due to reporting delays.

AIDS Surveillance Program Data

City of Long Beach Data as of December 31, 1998

3,449 Total Long Beach City AIDS Cases	(2,115 deceased - 61% Mortality Rate)
3,440 Adult Cases	(2,110 deceased - 61% Mortality Rate)
9 Pediatric Cases	(5 deceased - 56% Mortality Rate)

AIDS Cases by Gender

	#	%
Male	3,266	95
Female	183	5

AIDS Cases by Race/Ethnicity

	#	%
White, Not Hispanic	2,234	65
Black, Not Hispanic	568	16
Hispanic	579	17
Asian/Pacific Islander	53	2
American Indian/Alaskan	8	<1
Unknown	7	<1

AIDS Cases by Exposure Category

	#	%
Male-to-Male Contact	2,647	77
Intravenous Drug Use	293	9
Male-to Male Contact and Intravenous Drug Use	276	8
Heterosexual Contact	115	3
Recipient of Blood/Blood Products Transfusion	25	<1
Hemophilia/Coagulation Disorder	12	<1
Mother at Risk (Perinatal Exposure)	8	<1
Risk Not Reported/Other	73	2

UNIQUE DISEASES *(continued from page 2)*

reported in 1998. HUS is a sequela of enteric infection (infection from *E. coli*, *Shigella*, etc.) which often results in acute renal dysfunction. The vast majority of cases of childhood HUS are caused by *E. coli* 0157: H7, while most cases in adults are of unknown etiology. However, in this case no enteric infection was identified.

Hantavirus Pulmonary Syndrome (HPS): Characterized by fever, myalgia and GI complaints followed by the abrupt onset of respiratory distress and hypotension, HPS progresses to severe respiratory failure. HPS is transmitted by inhalation of aerosolized rodent excreta (e.g., feces, urine) most commonly associated with deer mice. HPS is not transmitted person-to-person. The City of Long Beach Department of Health and Human Services' Epidemiology Program received a report of HPS in early December. The patient was a Colorado woman who came to Southern California to visit family. While in Southern California, she began to exhibit symptoms and was promptly rushed to a local emergency room. An investigation initiated by the Epidemiology Program was subsequently turned over to the Colorado Health Department when it was determined that the patient became infected in Colorado. No Hantavirus has been found in Long Beach.












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Department of Health and Human Services
2525 Grand Avenue, Room 201
Long Beach, CA 90815












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








Attention Health Care Providers










The California Code of Regulations, Title 17, Section 2500, requires the report of communicable diseases and conditions. To report a case of a communicable disease, contact the City of Long Beach Department of Health and Human Services Epidemiology Program at 562-570-4302 or by fax at 562-570-4374.









Reportable Communicable Diseases


AIDS
Amebiasis 
Anisakiasis 
Anthrax 
Babesiosis 
Botulism 
Brucellosis
Campylobacteriosis 
Chancroid
Chlamydial Infections
Cholera 
Ciguatera Fish Poisoning 
Coccidioidomycosis
Colorado Tick Fever 
Conjunctivitis, Acute Infectious of the Newborn 
Cryptosporidiosis 

Cysticercosis
Dengue 
Diarrhea of the Newborn 
(Outbreaks)
Diphtheria 
Domoic Acid Poisoning 
Echinococcosis
Ehrlichiosis
Encephalitis 
Escherichia coli O157:H7 
Foodborne Disease  †
Giardiasis
Gonococcal Infections
Haemophilus Influenzae 
Hantavirus Infections 
Hemolytic Uremic Syndrome 
Hepatitis, Viral 
Kawasaki Syndrome
Legionellosis


Leprosy
Leptospirosis
Listeriosis 
Lyme Disease
Lymphocytic Choriomeningitis 
Malaria 
Measles 
Meningitis 
Meningococcal Infections 
Mumps
Non-Gonococcal Urethritis
Paralytic Shellfish Poisoning 
Pelvic Inflammatory Disease
Pertussis (Whooping Cough) 
Plague, Human or Animal 
Poliomyelitis, Paralytic 
Psittacosis 
Q Fever 

Rabies, Human or Animal 
Relapsing Fever 
Reye Syndrome
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella
Rubella Syndrome, Congenital
Salmonellosis 
Scombroid Fish Poisoning 
Shigellosis 
Streptococcal Infections 
(Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
Swimmer's Itch 
Syphilis 
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
Trichinosis 

Tuberculosis 
Tularemia
Typhoid Fever  (Cases and Carriers)
Typhus Fever
Vibrio Infections 
Viral Hemorrhagic Fevers 
Water-associated Disease 
Yellow Fever 
Yersiniosis 
OCCURRENCE of ANY UNUSUAL DISEASE
OUTBREAKS of ANY DISEASE 
Reportable Noncommunicable Diseases/Conditions
Alzheimer's Disease
Cancer
Disorders Characterized by Lapses of Consciousness

 = Report by FAX, telephone, or mail within one (1) working day of identification.

† = Report immediately by telephone when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness.

 = Report immediately by telephone.
All other diseases/conditions should be reported by FAX, telephone, or mail within seven (7) calendar days of identification.